

MULTIFAMILY HOUSING PROGRAMS
2015 ANNUAL CERTIFICATE OF COMPLIANCE

The undersigned, as duly authorized representative of the multi-family property

located at _____

hereby certifies to the Department of Housing and Community Development of the State of Maryland that to the best of my knowledge, understanding, and belief, the aforementioned property complies with the tenant income restrictions required by the regulatory documents and the applicable program regulations, and that the tenant income information attached to this Certificate are true and correct and that all units in the project are suitable for occupancy.

Current records supporting this certification are maintained by the Property Owner and will be available for inspection by Department personnel.

Please provide your current email address so that we may update our records. You can email your certificate to dhcd.compliance_dca@maryland.gov with "Compliance" in the subject line.

SIGNED

OWNER: _____

BY: _____

NAME: _____

(Please Print or type)

TITLE: _____

PHONE: _____

DATE _____

EMAIL ADDRESS: _____